



ATTORNEY DOCKET NO. 08146.0006U1
PATENT

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(Ifu)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)
)
NIKLAS, *et al.*) Group Art Unit: 3729
)
Application No.: 10/528,638) Examiner: Michael Thomas Hess
)
Filing Date: March 23, 2005) Confirmation No.: 7134
)
For: APPARATUS FOR APPLYING)
SEMICONDUCTOR CHIP TO)
SUBSTRATES COMPRISING)
A MOVEABLE CURING DEVICE)
AND METHOD OF USE THEREOF)

TRANSMITTAL LETTER

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
Customer Number 23859

October 1, 2007

Sir:

Transmitted herewith is the following in the above-identified application:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Amendment and Response | <input type="checkbox"/> Petition to Extend Time |
| <input checked="" type="checkbox"/> Fee as calculated below | <input type="checkbox"/> Supplemental Declaration |
| <input type="checkbox"/> No Additional Fee Required | <input type="checkbox"/> Terminal Disclaimer |
| <input type="checkbox"/> Corrected Drawings | <input type="checkbox"/> Other _____ |

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims	17	20	0	X \$50.00		\$0.00
Independent Claims	4	3	1	X \$210.00		\$210.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$360.00		\$0.00
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$450 <input type="checkbox"/>	3 rd Month \$1020 <input type="checkbox"/>	4 th Month \$1590 <input type="checkbox"/>	5 th Month \$2160 <input type="checkbox"/>	\$0.00
<input type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						- \$0.00
TOTAL FEE DUE						\$210.00

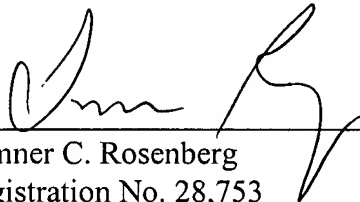
ATTORNEY DOCKET NO. 08146.0001U1
APPLICATION NO. 10/812,833

Payment:

- ☐ A check in the amount of \$_____ is enclosed.
- ☒ Payment by credit card in the amount of \$210.00 for the fees designated below. (Form PTO-2038 enclosed).
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

Respectfully submitted,

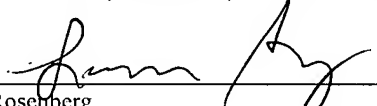
NEEDLE & ROSENBERG, P.C.


Sumner C. Rosenberg
Registration No. 28,753

NEEDLE & ROSENBERG, P.C.
Customer Number 23859
(678) 420-9300
(678) 420-9301 (fax)

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence, including any items indicated as attached or included, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below.


Sumner C. Rosenberg

10/11/07
Date



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AMENDMENT AND RESPONSE TO FINAL OFFICE ACTION

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
Customer No. 23859

Sir:

In response to the Official Action dated August 2, 2007, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 7 of this paper.